

## AFFIDAVIT OF SERVICE

Client's File No.:

UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF NEW YORK

Civil Action No.: 17-cv-00928 LJV

Date Filed:



Carl M. Miller

vs

Plaintiff(s)/Petitioner(s)

County of Erie, et al.

Defendant(s)/Respondent(s)

STATE OF NEW YORK, COUNTY OF ONEIDA, SS.:

The undersigned being duly sworn deposes and says: that deponent is not a party to this action, is over 18 years of age and resides in the State of New York. That on the following date: April 30th 2018, at the following time: 9:45 am, at c/o Mid-State Correctional Facility, 9005 Old River Road, Marcy, NY 13403 deponent served the within Memorandum of Law; Plaintiff's Notice of Motion for Judgment By Default Against Defendants Maxim Healthcare, James Thomas, Joseph Damico and Ariel Simms; Affidavit in Support of Motion

☒ Papers so served were properly endorsed with the Civil Action No..Upon: James Thomas - DIN 17B3578

- ☒ **Individual** By delivering a true copy thereof to said recipient personally; deponent knew the person so served to be the individual described therein.
- ☐ **Responsible Person** By delivering to and leaving with \_\_\_\_\_, \_\_\_\_\_ Relationship \_\_\_\_\_ a true copy thereof, a person of suitable age and discretion. Said premises being the defendant / respondent's [ ] dwelling place [ ] place of business/employment [ ] last known address within the State. [ ] usual place of abode
- ☐ **Mail** A copy thereof was deposited in a postpaid, properly addressed envelope, marked "Personal and Confidential" in a depository maintained by the U. S. P. S. and mailed to the above address on \_\_\_\_\_
- ☐ **Corporation LLC / LLP** By delivering to and leaving with \_\_\_\_\_ said individual to be who specifically stated he/she was authorized to accept service on behalf of the Corporation/Government Agency/Entity.
- ☐ **Affixing To Door** By affixing a true copy thereof to the door, being the defendant/respondent's [ ] dwelling place [ ] place of business/employment [ ] last known address within the State. [ ] usual place of abode
- ☐ **Previous Attempts** Deponent previously attempted to serve the above named defendant/respondent on:  
1) \_\_\_\_\_ at \_\_\_\_\_ 3) \_\_\_\_\_ at \_\_\_\_\_ 5) \_\_\_\_\_ at \_\_\_\_\_  
2) \_\_\_\_\_ at \_\_\_\_\_ 4) \_\_\_\_\_ at \_\_\_\_\_ 6) \_\_\_\_\_ at \_\_\_\_\_
- Description of Recipient** Sex: Male Color of skin: White Color of hair: Brown Age: 49 Height: 5'8  
Weight: 250 Other Features: \_\_\_\_\_
- ☐ **Witness Fees** advanced payment was made.
- ☒ **Military Service** I asked the person spoken to whether the defendant/respondent was in active military service and received a negative reply. The person spoken with wore ordinary civilian clothes and no military uniform. The source of my information and the grounds of my belief are the conversations and observations defendant/respondent narrated above. Upon information and belief, I aver that the recipient is not in military service.
- ☐ **Other**

Sworn to before me on April 30, 2018

NOTARY PUBLIC

PROCESS SERVER - PRINT NAME BELOW SIGNATURE

Kristen Frey

PROCESS SERVER LICENSE # \_\_\_\_\_

LISSA J. GRAVELINE  
NOTARY PUBLIC, STATE OF NEW YORK  
QUALIFIED IN ONEIDA COUNTY  
NO. 01GR6187220  
MY COMMISSION EXPIRES MAY 19, 2020

Work Order # 7427989